

From: [Sunset Advisory Commission](#)
To: [Dawn Roberson](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Tuesday, May 27, 2014 8:05:00 AM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Monday, May 26, 2014 12:32 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Monday, May 26, 2014 - 12:32

Agency: DEPARTMENT AGING AND DISABILITY SERVICES DADS

First Name: Steven

Last Name: Croft

Title: Physician

Organization you are affiliated with: Steven M. Croft,M.D,P.A.

City: Houston

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or
Opposed:

My name is Steven M. Croft, M.D., I'm a neurologist in private practice and I've had the privilege of serving as the neurology consultant to Austin, Richmond and Brenham SSLCs. I hold neurology clinic once or twice a month at each of these facilities and serve as a resource for the physicians and staff at each facility. Most of the residents I see have severe, refractory seizures and are wheelchair bound and unable to communicate verbally. These people require total round the clock care.

Additionally, in my office practice,I have also seen several individuals who have been discharged into the community to group home from the SSLCs.

Sometimes it works out well, but I've also seen cases where discharge into the community has been detrimental to the patient. The needs of the patient simply exceed the resources available in the community. I've seen my patients have more seizures, and make more trips to the emergency room. I've witnessed staff members who are not trained and not familiar with the care of the patients involved. Discharge to the community has been detrimental to those patients health and more expensive and inefficient for the tax payers.

While in some individual situations, discharge into the community is appropriate. Closure of more state schools, will have a negative effect of the health and well being on some of the most fragile members of our state.

I urge you to keep the SSLCs open!

Thank you.

Any Alternative or New Recommendations on This Agency: I urge the state to let the SSLC's remain open and give them the support they need to function well.

My Comment Will Be Made Public: I agree

STEVEN M. CROFT, M.D.

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June 25, 2014

SUNSET ADVISORY COMMISSION TESTIMONY

My name is Dr. Steven Croft. I am a neurologist in private practice from Houston, Texas. I also have the privilege of serving as the neurology consultant for the Richmond, Brenham and Austin state supported living centers (formerly state schools).

I am here to oppose the closing of the State Supported Living Centers.

Once or twice a month I offer neurology clinic at each of the aforementioned facilities. In clinic, most often I see residents with severe intellectual disabilities. Most are wheel chair dependent, non-verbal and require around the clock, one to one care. Most see a neurologist because of difficult to control epileptic seizures requiring multiple medications. The clinics are well run. Besides the resident and occasional family member, the clinic is attended by, the resident's Primary Physician, Psychiatrist, Direct Care Staff, Nurse Case Manager, Clinical Pharmacologist and the clinic coordinator. The professionalism, quality, warmth, concern and care I've witnessed is outstanding. The level of traditional collaboration possible in this setting is extremely helpful. We are all working together to improve the health and well-being of our patients. Such a high level of collaboration and coordination care would not be possible in the community.

The community environment does not have the resources necessary to meet the needs of many SSLC residents. I've seen former SSLCs residents in my office who now reside in group homes in the community. For some it works out well; however, for those who are medically fragile, I have seen more trips to the emergency room and hospitalizations because of more frequent seizures and difficulties with medication. The staff at the group homes are simply not equipped to care for patients with such an intense medical need.

I'm concerned that closure of SSLCs will result in residents with significant medical and behavioral needs discharged into inappropriate settings. Ultimately, this will drive higher medical costs and most importantly, increased risk of morbidity and mortality. Prior to closing SSLCs the appropriate mechanism for selection of residents to be discharged (e.g. using tools like the Health Risk Screening Tool) and availability of alternative, appropriate community settings must be developed.

SSLCs offer the most optimal environment for many patients and are best equipped to meet the medical and behavioral needs of the residents. Adequate care in community settings is not available for those SSLC residents with the most intense medical and behavioral needs.

I therefore would urge the state to keep the State Supported Living Centers open for those residents who are most in need.

Thank you for giving me this opportunity to address the Commission and thank you for your vital service to the citizens of the State of Texas.